

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>  <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: right;"> <small>SERIAL NO.</small>  <div style="font-size: 1.5em; font-family: cursive;">10/030881</div> </div> <div style="text-align: right;"> <small>FILING DATE</small>  </div> </div>						
CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.						TOTAL IND.
TOTAL DEP.						TOTAL DEP.
TOTAL CLAIMS						TOTAL CLAIMS